



PREVENTION OPPORTUNITIES UNDER THE BIG SKY

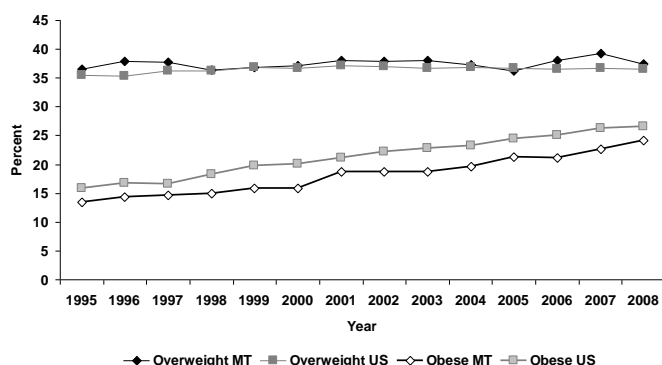
Prevalence of Overweight and Obesity among Montanans

Overweight and obesity are major risk factors for type 2 diabetes, cardiovascular disease, asthma, some cancers, pregnancy complications and infertility in women.¹ Obesity is also associated with depression and diminished quality of life. Annual medical spending, in the United States, related to overweight and obesity is estimated at \$61-\$93 billion.¹ The total cost of overweight and obesity is estimated to be at least \$121 billion, including lost wages (\$56 billion) and lost productivity (\$4 billion).¹ Nationally, the prevalence of overweight has remained at about 35% since the 1960s. Obesity was constant at about 13% until the early 1980s, when it began to increase rapidly.¹ This report utilizes data from the Montana Behavioral Risk Factor Surveillance System (BRFSS) survey to describe the prevalence of overweight and obesity among Montana adults.

The BRFSS Survey The BRFSS is a state-based random digit dial telephone survey of a sample of non-institutionalized adult Montanans.² Respondents were asked to self-report height and weight without shoes. These responses were used to calculate BMI. Overweight is defined as a BMI 25-29.9 kg/m². Obesity is defined as BMI \geq 30 kg/m².

Rising prevalence of obesity Overall the prevalence of obesity reported by Montana adults increased from 14% in 1996 to 24% in 2008 (Figure). In the past 10 years, prevalence of class III obesity (BMI \geq 40 kg/m², also called morbid obesity) tripled, from less than 1% to 3% (~24,000 Montana adults). The prevalence of obesity in Montana is similar to the US and increasing at the same rate.

Figure. Prevalence of overweight and obesity in Montana and the US, 1995 to 2008



Prevalence of overweight is high but constant Over one-third of all Montana adults are overweight. However, the prevalence of overweight has remained at about 35% since 1996.

Who is more likely to be obese? In 2008, the prevalence of obesity was higher among American Indians; persons aged 45-64, and persons with lower

income than persons without those characteristics (Table). Residents of rural communities (communities of <10,000 people), especially non-white rural residents, are more likely to be obese compared to residents of larger communities.³ Persons who report meeting national exercise guidelines and persons who report consuming five or more fruits or vegetables per day are slightly **less** likely to be obese than persons who are less physically active or eat fewer fruits or vegetables (Data not shown).

Who is more likely to be overweight? In 2008, the prevalence of overweight was higher among men, whites, persons over age 25, and persons with higher income than in women, American Indians, younger persons, and persons with lower income (Table).

Table. Prevalence (percent) of overweight and obesity among adult Montanans, 2008.

Characteristics	Overweight	Obese
Total	37	24
Sex		
Men	46	25
Women	29	24
Race		
American Indian	29	41
White	38	23
Age		
18-24	22	22
25-34	39	23
35-44	36	24
45-54	39	27
55-64	41	27
>65	42	22
Annual household income		
<\$15,000	34	34
\$15,000-\$24,999	33	28
\$25,000-\$34,999	39	24
\$35,000-\$49,999	39	25
>\$50,00	41	20

Recommendations to Reduce and Prevent Overweight and Obesity^{4, 5}

Clinicians should counsel and encourage patients to:

- Decrease the intake of energy-dense foods (foods with lots of calories per portion)
- Decrease the intake of sugar-sweetened beverages (such as sodas, juices, specialty coffee drinks)
- Increase fruit and vegetable consumption
- Decrease screen time (time spent watching TV, playing video games, working on a computer)
- Increase leisure time physical activity

For more information, contact Ninia Baehr at the Montana Nutrition and Physical Activity Program, 406-994-5686 or niniab@montana.edu.

References:

- 1 National Institute of Diabetes and Digestive and Kidney Disorders, Weight-control Information Network. Statistics related to overweight and obesity. <http://www.win.niddk.nih.gov/statistics/index.htm> Accessed Aug. 19 2009.
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